

Exhibit 10.5

Administrative Claim Request Form

All Plan Exhibits are subject to all of the provisions of the First Amended Joint Plan Of Reorganization Of Delphi Corporation And Certain Affiliates, Debtors And Debtors-In-Possession (As Modified) (Docket No. 17030) (as subsequently modified or amended, the "Modified Plan"), including, without limitation, Article 14.3, under which the Debtors have reserved the right to alter, amend, or modify the Modified Plan or any Exhibits thereto.

United States Bankruptcy Court Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245		Administrative Claim Request Form		THIS SPACE IS FOR COURT USE ONLY
Debtor against which Administrative Claim is asserted :		Case Name and Number In re Delphi Corporation., <i>et al.</i> 05-44481 Chapter 11, Jointly Administered		
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Claim Request Form is to be used solely in connection with a request for payment of an administrative expense arising after June 1, 2009, pursuant to 11 U.S.C. § 503.				
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> Name and Address Where Notices Should be Sent Telephone No.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your Administrative Claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this Administrative Claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____.		
1. BASIS FOR ADMINISTRATIVE CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned Your social security number _____ <input type="checkbox"/> Personal injury/wrongful death Unpaid compensation for services performed <input type="checkbox"/> Taxes from _____ to _____ <input type="checkbox"/> Other (Describe briefly) (date) (date)				
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____ <input type="checkbox"/> Check this box if Administrative Claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				
5. BRIEF DESCRIPTION OF ADMINISTRATIVE CLAIM (attach any additional information):				
6. CREDITS AND SETOFFS: The amount of all payments on this Administrative Claim has been credited and deducted for the purpose of making this Administrative Claim request. In filing this Administrative Claim request, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11". 8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your Administrative Claim, enclose a stamped, self-addressed envelope and copy of this Administrative Claim request.				THIS SPACE IS FOR COURT USE ONLY
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this Administrative Claim (attach copy of power of attorney, if any)			

INSTRUCTIONS FOR FILING ADMINISTRATIVE CLAIM REQUEST FORM

The instructions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to the general rules.

“DEFINITIONS”		
<u>DEBTORS</u> The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.	<u>ADMINISTRATIVE CLAIM</u> Any claim against one of the Debtors (or all or some of them), whether or not asserted, as defined in 11 U.S.C. § 101(5)) for payment of an administrative expense of a kind specified in 11 U.S.C. § 503(b) and entitled to priority pursuant to 11 U.S.C. § 507(a)(1).	<u>ADMINISTRATIVE CLAIMS BAR DATE</u> Pursuant to section 10.5 of the Modified Plan, all requests for payment of an Administrative Claim that has arisen after June 1, 2009 must be filed no later than [____], 2009; <u>provided, however</u> , all requests for payment of a Professional Claim (as defined in section 1.182 of the Modified Plan) shall be subject to the provisions of Article 10.3 of the Modified Plan.

Items to be completed in Administrative Claim Request Form (if not already filled in):

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the Debtors owe money or property, and the Debtors' account number(s), if any. If anyone else has already filed an Administrative Claim Request Form relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this Administrative Claim Request Form replaces or changes an Administrative Claim Request Form that was already filed, check the appropriate box on the form.

1. Basis for Administrative Claim:

Check the type of debt for which the Administrative Claim Request Form is being filed. If the type of debt is not listed, check “Other” and briefly describe the type of debt. If you were an employee of the Debtors, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the Debtors first owed the debt.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Administrative Claim:

Fill in the total amount of the entire Administrative Claim. If interest or other charges in addition to the principal amount of the Administrative Claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Brief Description of Administrative Claim:

Describe the Administrative Claim including, but not limited to, the actual and necessary costs and expenses of operating one or more of the Debtors' Estates or any actual and necessary costs and expenses of operating one or more of the Debtors' businesses.

6. Credits and Setoffs:

By signing this Administrative Claim Request Form, you are stating under oath that in calculating the amount of your Administrative Claim you have given the Debtors credit for all payments received from the Debtors.

7. Supporting Documents:

You must attach to this Administrative Claim Request Form copies of documents that show the Debtors owe the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available you must attach an explanation of why they are not available.

8. Date-Stamped Copy:

To receive an acknowledgement of the filing of your Administrative Claim, enclose a stamped, self-addressed envelope and copy of this Administrative Claim Request Form.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 357